On November 22nd there was marked dulness over the left lung base no doubt due to the presence of pleural effusion. At this time, the pulse was still weaker, and the outlook seemed as bad as possible. The highest temperature recorded on December 5th was 103.4°, and on the 8th it attained 104°. On December 6th it was noticed that the breath had become very offensive, as was also the expectoration, which was thin and muco-purulent. There was loud friction sound in the precordial region, apparently pleuro-pericardial, and at the angle of the left scapula there were some signs of lung destruction over a small area.

During the whole illness, but especially during the last ten days, the patient had been most carefully fed with easily assimilable aliments, and had been freely stimulated with brandy and champagne, but in spite of all that could be done, he appeared to be in a practically hopeless condition.

But from December 18th a distinct improvement was noticeable, the expectoration ceased somewhat suddenly on December 29th, and did not return. His temperature fell and remained normal from January 6th, 1901, and on the 24th of the month he was able to leave London for the seaside. On examination before leaving it was found that there was a loud systolic murmur in the aortic area and dulness and diminished entry of air over the left base.

The treatment adopted was that by salines, quinine, strychnine, and iron, until December 4th. On this day he was ordered sodium sulphocarbolate in 15-grain doses every four hours, and this drug was continued until he became convalescent.

A study of the history of the case and a reference to the course of the temperature render it certain that this patient was the victim of that form of septicæmia which is known as ulcerative (or malignant) endocarditis. Our experience of this disease, in common with that of most observers, is that it is practically almost fatal. Certainly at several stages of the malady it seemed impossible that this patient could recover. That the careful nursing, feeding, and use of stimulants had much to do with the result is, of course, not to be denied, but it is a question if the treatment by drugs had not some influence in this direction. We refer, of course, to the action of sodium sulphocarbolate which was ordered in frequently repeated doses when the patient was at his very worst. It is worthy of notice that not long after the administration of this drug was commenced the patient began to amend, but, of course, to assume that the improvement was the result of the action of the drug would be rash in the extreme.

Nevertheless, it is upon evidence such as this that by far the larger superstructure of therapeutics is founded. Cases have been reported, too, in which the use of antistreptococcus serum in septicæmia has been followed by recovery, and the result claimed as decisive for the virtues of the treatment. We would point out that had the serum been used in this case such a claim would have been equally justified, and yet what a mistake would have been made!

On the whole this case would seem to be more correctly described as one of the extremely rare instances in which this most fatal disease, malignant endocarditis, spontaneously recovered. Without, however, attaching undue importance to the treatment by sodium sulphocarbolate the coincidence, if it be only a coincidence, is worthy of notice, and would certainly emphasise the advisability of the drug being ordered in a similar case.

REMARKS ON A CASE OF INFANTILE SCURVY.*

By JOHN McCAW, M.D., L.R.C.P.,

Senior Physician, Belfast Hospital for Sick Children.

INFANTILE scurvy or scurvy rickets presents such well marked signs and symptoms in the majority of cases that little difficulty is, as a rule, experienced in correctly diagnosing the affection. I have, however, recently seen an example of this disease in which the classical symptoms were all but absent, and an opinion had to be given based upon the presence of one symptom supported by the history of the case.

I was asked to see Baby McG., aged 10 months, on April 3rd, 1901, in consultation with the regular medical attendant of the family.

History.

The child had been in his usual good health until a week previously at which time he became ill with what was considered to be a mild gastric attack: the temperature never exceeded 101.5° F. The pulse was good and about 100, and the bowels were inclined to be relaxed. However, a short time before I was called in he vomited a considerable quantity of blood, and this was followed almost immediately by a copious, loose motion, which was undoubtedly largely composed of altered blood.

On examination there was evidence of loss of blood, but I was struck with the strength of the pulse and of the apex beat. I learned on inquiry that the child had been fed from birth upon condensed milk, and later upon a proprietary food and oat flour: that it had never been given any fresh milk or other food of an antiscorbutic kind whatever.

* Read before the Society for the Study of Disease in Children.

Treatment.

Infantile scurvy was diagnosed and the treatment modified to meet that condition as follows: One teaspoonful of orange juice to be given every two hours, to have whey and cream at frequent intervals and in small quantities, with one teaspoonful of raw meat juice every four hours. I advised the application of the icebag to the epigastrium for half an hour, the effect to be carefully watched. I saw this child again the following day: he had passed a good night and was much better in every respect. The orange juice was taken with avidity, and the nutrients mentioned were taken and retained, his temperature was 100.2° F., pulse 98 and stronger, no more vomiting had occurred, but one loose motion had been passed which contained altered blood. Eight days afterwards I was asked to see the case again, and it is hardly too much to say that I saw a different child—so marked and striking was the change for the better in every respect. I now advised that he should have a mixture of arsenic and iron (Fowler's solution and vin. ferri cit.) in suitable doses, as well as a small quantity of scraped potato or other fresh vegetable in his soup, and further that he should be taken to the seaside. He made a satisfactory recovery.

Remarks.

I think this case is noteworthy for the absence of the more prominent symptoms usually seen in scurvy rickets: no periosteal swelling could be found anywhere at any time though carefully looked for, the gums were quite normal in every respect and two upper and two lower central incisor teeth appeared healthy, there was no proptosis of either eye nor was there any ecchymosis or oedema of either eyelid.

Subcutaneous hæmorrhages never took place, not even petechial spots on the trunk or lower extremities, nor were any bruise-like marks ever seen. The child never made any complaint or evidenced any pain on being handled or lifted, and, with the exception of a slight beading of the ribs, the distinctive signs of rickets were entirely absent. Up to the onset of his illness this child was looked upon as a healthy, vigorous specimen of his age, and though he was anæmic-looking it could not be said that he was fat or flabby or full-tissued. His is another instance of scurvy occurring in a child fed on condensed milk and patent food, and he further exemplifies the curious point that the disease is met with chiefly amongst the children of the better classes, indeed to put it in another way, it would scarcely be too much to say that he was starving in the midst of plenty.

CONTRACT PRACTICE AND ITS DIFFICULTIES.*

By ARTHUR E. LARKING, M.D.,

Folkestone.

LET me at once set your minds at rest, and assure you that I am not going fully into the question of contract practice. If I were to do so, I should open up such a huge subject that no practical good would come of it; also that I am not going into the question of so-called Medical Aid Societies in which the services of a medical man are farmed out by a lay committee. We all agree as to putting a stop to this. I propose to deal mainly with so-called club practice, and incidentally to touch upon parish appointments and other work done by contract.

"CLUB PRACTICE."

My main object in bringing this matter before you is because it is a question that the British Medical Association will sooner or later have to face. Already negotiations are in progress to form a so-called "Conciliation Board," composed of representatives of our profession and also of the Friendly Societies. Communications have taken place, and all got on fairly well, until the question of a wage limit was broached. Then the Friendly Societies would go no further; they will not hear of such a thing, and thus the matter rests.

There is no doubt whatever that the medical profession of the present day looks upon clubs as a sort of necessary evil. Everyone who has held a club appointment knows it does not repay him pecuniarily for the trouble he gets, and yet he does not quite see his way to giving up clubs. Yet there are numerous instances in which medical men have determined to do without clubs, and have found out afterwards that their fears were groundless, and that they earned just as much money and did about half as much work as beforehand!

Let me give my personal experiences. I practised for nine years in a country town and district of about 9,000 inhabitants. I commenced *de novo*, and at first had no patients at all. Then one came and then another (mostly people who

* Read before the East Kent District of the South-Eastern Branch of the British Medical Association.

owed money to the other doctors in the place). I think I took in cash about 15s. in two months! Then, in an evil hour, I was led astray and seduced into taking clubs. I was so sick of doing nothing and so impatient to make a practice, that I prostituted my professional knowledge, and agreed to attend for a yearly fee of 4s. each. Having once consented to take clubs it was a case of *facilis descensus avari*, and at the end of a few years I had a large club practice as well as a private one. I had plenty of work, night as well as day, and yet pecuniarily I got "no forrarder." I held a parish appointment and was medical officer of health. I had to keep two horses, and my expenses were about as heavy as those of most general practitioners in the country. I found I had enough work for two men and earned only enough to keep one. Since then I have not taken any clubs nor held any appointment. Let me say that during the time I was practising in that neighbourhood I simply did the same as the other doctors of the place, and we got on fairly well together. They took clubs at the same yearly fee, and worked as hard as I did, and were apparently satisfied with it.

Is not this the lot of many general practitioners all over the country? Plenty of work, plenty of patients, plenty of expenses, plenty of apparent prosperity, and yet, if any, a very small balance at the bank. If any of you doubt what I say about the pecuniary position of members of our profession, I recommend them to read the last Educational Number of the BRITISH MEDICAL JOURNAL (August 31st, 1901). They will there find a summary of the prospects of a youth joining our profession. It is there stated that an income of £400 to £500 a year should result. Would that it always did! Later on, it says that not 1 per cent. of all practitioners in this country ever become what is called even moderately rich: and, later on, it says that "reasonable provision for old age, after family expenses are met, is too often a practical impossibility." What is the cause of this? I answer unhesitatingly, "contract practice."

The present state of affairs in club practice is that a medical man undertakes to give advice and medicine to all members within a three-mile limit for 2s. 6d., 3s., 4s., 5s., or rarely 6s. a year. Nothing is, as a rule, said about accidents, and if there is a hospital near they all go there. If not, and the medical man treats them at home, he rarely asks for an extra fee, and if he does he rarely gets one!

The standing wages of the working class vary in different localities. In an agricultural district they are 15s. to £1 per week; in a town a labourer earns from 25s., an artisan sometimes as much as 35s. or 45s. a week. Therefore, we are dealing with a class having a yearly income varying from £40 a year (or 15s. a week) to £116 a year (or 45s. a week), and we are asked to attend these at a uniform rate of 2s. 6d. to 6s. a year. That is to say, we accept from the man earning £40 a year, 4s., or one two-hundredth part of his income; for our services; whilst the man who earns £80 a year (30s. a week) we accept at 4s. a year one four-hundredth part of his income; whilst the man who earns more pays a proportionately smaller ratio. Is it not ridiculous when you think about it?

A man can command the services of an educated gentleman for 4s. a year, call him up at night, if necessary, and expect him to supply medicines. How such a state of affairs has been allowed to come about is a mystery, and how it can exist nowadays is still more so. Whilst the wages of the working classes have gone up tremendously, the doctor's fee remains as it was twenty or thirty years ago.

Gentlemen, the time is coming when we must alter this; and it is only by a combination among ourselves, such as the British Medical Association, that we shall succeed. When the proper time comes, all medical men in East Kent must say to their clubs, "We give you six months' notice of our intention to raise our fees," and they must stick to this.

Any waverers must be strengthened and argued with by a properly appointed member of our Association, whose expenses must be defrayed by the Branch. But, before this can be done, a public opinion must be formed among us, and it is with a view of opening the ball that I ventured to bring forward this matter.

Up to the present the general body of practitioners, numbering from 200 to 300, in East Kent have taken no interest in our Branch whatever. It has been carried on by a few and

ignored by the many. I can conceive of nothing more calculated to bring us together than a question of this kind.

There are certain members of our profession who say, when a combination against an abuse of this kind is hinted at, "Oh, this is trades-unionism." I am quite at a loss to see why anyone should resent an allusion of this kind. Is there anything derogatory in so-called trades-unionism? I maintain that the principle of trades-unions is highly commendable. It is a union of a class for its own protection, and for the mutual help of its members. It has done more to raise the position of those who have adopted it than anything I know of. I do not mean to say that it has not been abused; but, in my opinion, a man who sneers at a trade-union is quite ignorant of its real aims and objects. Wherefore I say I do not mind at all if anyone says I advocate trades-unionism. One of its aims is to provide funds for sick or disabled members. We might well take a leaf out of that book. How many of us subscribe to the various medical benevolent societies or even to the East Kent Benevolent Society?

BASIS FOR A FAIR RATE OF REMUNERATION.

If we agree that contract practice is unavoidable, what would be a fair amount to fix as a fair sum to be paid annually by club members? At present it varies from 2s. 6d. to 6s. a year. The lower sum is only in vogue in some very populous districts, and I do not believe that there are any in this part of the country under 4s., or 1d. per week. I am certain that even with a large membership it cannot be carried on at that rate without losing money over the transaction.

Just to form some idea of the amount of sickness among members of Friendly Societies, I have obtained a few data on the matter. In the Ancient Order of Foresters the average number of members on the club at one time is 3 per cent.—that is to say, out of every 100 members 3 are ill all the year. Now, 100 members would pay £20 per annum at 4s. each. Therefore for attending one man the whole year, and finding medicines, we obtain £6 13s. 4d., or about 2s. 6d. a week.

Some years ago the Chief Registrar of the Friendly Societies found that the "sick-pay" rate, based upon some millions of members of various societies, worked out at 1.7 week per annum—that is to say, every man in a club has twelve days' sickness per annum. It therefore follows that we get the 4s. for attending for the twelve days! Not very different from the 2s. 6d. a week previously mentioned!

Among the Ancient Order of Foresters, composed of over 900,000 members, the average number of days each member was sick was, in 1899, 12.75 days. In the Juvenile Societies the average days' sickness in a year is only 3.

Another calculation made by a Friendly Society official was that of the total members of a Friendly Society, about 20 per cent. would be ill during the year—that is, 1 out of every 5. Therefore five subscriptions of 4s. pay for the illness of the one man, which works out at £1. If he happens to be ill for a long time, it is of course quite insufficient. And you must remember that many club members come and consult us and take medicine when they are not ill enough to go on the club, and as all these calculations are based on the amount of "sick pay," it follows that the figures would come out still more favourable to our case if this was taken into account.

From these data we can conclude how very inadequate the present sums paid us by clubs are. Who can possibly attend a patient for a week and find medicine for 2s. 6d.? An interesting letter appeared in the BRITISH MEDICAL JOURNAL last June (page 1364) from a practitioner which bears on this point:

A West of England G. P. writes: May I offer a small contribution to this discussion? Last year, out of curiosity, I kept a careful account of my attendance on members of my Foresters' club; it consists chiefly of adults, who pay me 5s. a head a year, with a few children at 2s. 6d. I understand from your columns that the former rate is considered fair remuneration. I received £39 0s. 6d. from the club during the twelve months ending December 31st, 1900. The amount of sickness was certainly not above the average. I gave 1,305 attendances, either at my own house, the cottage hospital, or the members' homes (some of the latter being nearly three miles distant). This works out at just under 74d. per attendance, and for this amount I have to supply medicines, surgical dressings, splints, etc.

If a medical man wishes to treat clubs fairly and conscientiously, he could not possibly afford to do it at a less sum than 8s. a year for each member, and even then he would be unable to give the members expensive drugs.

We all know what club practice of the present day means. A list of stock mixtures is kept containing drugs which possess the common virtue of being cheap—magnesium sulphate, ammonium carbonate, potassium bromide, and “sacch. ust.” are useful in this particular. Sodium salicylate, bismuth, cinchona, and potassium iodide are seldom used. Then how can a medical man visit 40 or 50 patients a day, many of them very ill, diagnose their ailments, sign their certificates, and give general directions as to diet? How can it be done when perhaps he has to travel three miles in one direction and three miles in another?

I must confess it is done in many cases, and it speaks well for the physical and mental capacity of the club doctor that more calamities do not take place. It also shows what a lucky thing it is for us that Nature's reparative processes are so powerful.

Mr. Labouchere in *Truth* once said that the two great remedies in the hands of our profession were “Faith and Purgation.” With an urbane and confident manner, many club patients are conquered and their faith strengthened—the Epsom salts do the rest!

Many men could not bear the strain of such a life as this. A man who is fond of his profession because it is constantly presenting problems of the most difficult nature to solve, and who is anxious to investigate disease from a truly scientific standpoint, could not possibly continue at this work. He would become either heartbroken or he would degenerate into a machine, and lose all interest in a profession which, to those who love it for its own sake, well repays the deepest study.

If club fees were raised to at least 8s. a year, the custom for a few medical men to take all the clubs would disappear. More medical men would be willing to take them, and they would consequently be able to give more time to each case. One man would obtain enough remuneration from a small number, and would refuse to take, as now, so many at once. The clubs themselves would also be more independent on account of competition, and, paying more, they would have a higher idea of their doctor than at present. I am certain that the public value our services by what they pay for them, and the knowledge that they now get a doctor for a penny a week lowers us in their eyes and loses us their proper respect.

That I am not speaking foolishly when I advocate this rise to 8s., I will prove to you by reading a letter written by an official connected with the Friendly Societies, when the wage limit was under discussion. Mr. E. W. Brabrook, C.B., Chief Registrar of the Friendly Societies, says:

The real question is the proper remuneration of the medical man, and the wage limit is only a part of that question, and not, I think, so important a part as both sides seem to consider it.

It has been quite pertinently asked, “Do the Friendly Societies ask for medical relief as a charity? or do they wish to sweat the medical profession? or are they willing to pay a fair price for the services rendered to them by it?” I know them well enough to answer the question without hesitation. They desire to pay a fair price for the services rendered to them. They are neither beggars nor sweaters. How is the fair price to be ascertained? The medical man is to say, taking the society as a whole, for what sum paid by every member, whether sick or well, he is willing to attend those who are sick. He fixes that price, not at the rate at which he attends upon the very poor, nor at the rate at which he attends upon the comparatively rich, but at the reasonable rate which will on the whole pay him for his services. If his remuneration were not collected for him by the Friendly Society, he might in some cases fail to get it at all, for the obvious reason that a man may be able to pay a small yearly sum, but not able to pay a large doctor's bill.

In other words the contract between the medical man and the society is based on an average, and if one patient is above the average, there are others who are below it. If the loss to the medical man is greater than the gain, all he has to do is to revise his terms, not necessarily to exclude from the average any particular cases. It is at that point that the operation of the Conciliation Board would be beneficial.

Mr. Stead, the Secretary of the Ancient Order of Foresters, also stated at the Friendly Society Conference that

The representatives of the Friendly Societies considered that the proper remedy for complaints of the profession was to raise the contract prices, and he thought that the formation of a Conciliation Board by its moral influence would largely tend to do this. He and those with whom he was associated admitted that in many districts contract prices were disgracefully low, but this state of things was almost universally condemned by the chief Friendly Society organisations.

I firmly believe that they realise that present fees are ridiculous, and will pay us a much higher one. At Leamington there is a provident dispensary, and the weekly sum is 2d., or 8s. a year.

I am not at all enthusiastic over this wage limit, as it is called.

A Committee of the British Medical Association mentioned £120 a year as the limit above which no man should be a member of a medical club. The British working man is not, in my experience, a thrifty individual, and I do not find the men earning good wages any better payers—often not so good—as the poorer man with £1 a week; nor is he apparently any better off. The best way would be to have the club fees in each locality fixed at such a sum as would pay the medical man to take in anyone except the obviously well-to-do.

THE WAGE LIMIT.

The great objection the Friendly Societies have to the wage limit is that it assumes club practice to be a charitable affair. We say, “There are many working men who are unable to pay our ordinary fees, therefore we will meet them half way, and from persons of this class we will consent to accept a certain annual sum, but not from others who are in a better position. The Friendly Society says, “Oh no; nothing of the kind. You have stated a certain sum for which you are willing to attend us; that sum is your own fixing, and if not enough you must raise it, but we will not submit to have our private affairs exposed and state what our income is. How would you like it if you doctors had to state your incomes?”

From the attitude taken up at the Friendly Societies Conference, when a resolution was unanimously carried which repudiated any idea of fixing a wage limit, I believe that unless this is dropped we shall not get any satisfactory agreement. In fact, the whole system of contract practice is full of difficulties—the wage limit blocks the road. In my opinion, contract practice ought to be abolished altogether. What is wanted is a system of remuneration by scale for work done. I suggest the scheme of the National Deposit Friendly Society as one to go upon as a basis. That is to say, the names of all the medical men in a locality who are willing to accept remuneration on this scale are given to each club member. The doctor enters his initials and the sum charged at each visit, consultation, or renewal of medicine on a voucher kept by himself and another by the patient. At the end of each month, or quarter, or year, he totals up the amount and is paid by the club.

It may be said—how are we to know how it will work? But what does it matter to us so that we get a fair remuneration for work done? The Friendly Societies are quite capable of taking care of themselves; they know their average sickness-rate and will provide accordingly. We have nothing to do with this; all we care about is that we are not sweated.

MODE OF SELECTION OF MEDICAL ATTENDANT.

There would be no hint of charity in this method, and no medical man need take on this work unless he cares to, and at the same time he would be paid a fair sum for his services. The Friendly Society must adopt a form of insurance against sickness to meet the expenses of medical attendance. They will soon find out how to do it, and it is not our business to meddle in this part of the transaction.

One of the most objectionable features in club practice nowadays is that one medical man is appointed by the club as its doctor, and all members must have him whether they wish to or not. If a member of the club calls in another doctor and pays him as a private practitioner, he must even get his certificate signed by the club doctor. This rule requiring a certificate to be signed by their own club doctor before they can get any pay is a gratuitous insult to the members of our profession.

I consider every member of a club should choose any doctor he wishes to attend him, and who is willing to attend him at club rates. Of course, the main object of the clubs in selecting a few only is to enlist their sympathies on their behalf, and in the number of their members and the aggregate amount of the sums paid to make it worth this particular medical man's while to look after them. It becomes a matter of bread and cheese to this one, and he sticks to his monopoly like a leech, and resents any opposition.

The amount of harm and pecuniary loss suffered by our profession from club practice is enormous. The working man who joins a club is the man who has a greater sense of responsibility to his family, and who has the greatest desire to provide for his future and against unforeseen calamities, such

as accidents or sickness. There are, however, many working men who are not in clubs, and when they are ill they cannot call in the club doctor, so they go to the private practitioner. The result is that his bad debts are numerous. The better class of men have joined a club, although paying a ridiculously small amount annually, when they are the very ones from whom, if they did not belong to these clubs, the private practitioner would derive a good income. It is the thrifty and careful man who joins a club—the very man who would pay our bills! It is neither fair to the club doctor nor to the private practitioner that such a state of affairs should exist. The club doctor should be paid a sufficient amount to enable him to spend more time over each case, and obviate the necessity of taking a huge number of men under his nominal care before he can get any adequate remuneration.

PRIVATE "CLUBS."

But outside the Friendly Society there is another form of medical contract practice that is much in vogue. A medical man starts a so-called club of his own. He employs an agent, and this agent goes round from house to house every week and collects the pennies and half-pennies. There are many of these about all over the country, and the harm they do is astonishing. It is all very well to say these men do no touting—but it is impossible for them to avoid it. The whole system is one of touting. Touting among other men's patients, and trying to get them to join the penny-a-week club when up to the present they have paid their own doctor his 2s. 6d. a visit with pleasure. These men decry all the other doctors, and in doing so lower the profession generally. I regard these clubs with much apprehension. I think this practice runs very close to what the General Medical Council calls "infamous in a professional respect," and I earnestly hope that no member of this Association will countenance or support any of them, whether connected with an insurance company or not.

PARISH APPOINTMENTS.

So-called parish appointments are much sought after because they offer a certain income regularly paid. But my experience was that, if anything, the parish appointment paid worse than clubs. Here there is no three-mile limit. Sometimes the distances are enormous. I had to go six miles in one direction and five miles in one at right angles to it, making a round of upwards of fifteen miles. These appointments always require a horse to be kept, the patients are often very critical, and at the least suspicion of any neglect, or if anything goes wrong, your action is brought before the public in the local press, and you are condemned before you get an opportunity of defending yourself. Many a man's reputation is injured in this way. If the relieving officer wants to curry favour in the district he gives parish orders indiscriminately, and yet when there is a charge of an extra fee for midwifery, he refuses the order! The midwifery fees, too, are 10s. only, except in cases of difficulty. It is quite time the fee in ordinary cases was raised to a guinea. It is the same old story. Competition in the profession is ruining us, and we are much too free in giving our services gratuitously, or at a ridiculously low figure.

CONCLUSION.

Such, gentlemen, are my ideas of contract practice. Many of you may think I am talking nonsense, or that my ideals are theoretical and unpractical. An experience of upwards of seventeen years in general practice has convinced me that if we were united among ourselves we could get all I suggest and perhaps more.

The sinners are the younger members of the profession who, like myself, are led into these practices by an interested public. I think that every man on becoming qualified should be warned against the pitfalls that are ready laid for him. It should be pointed out to him that if he will only take an assistantship or a junior partnership for a year or two, and not endeavour to rush into practice and get one either by fair means or otherwise, he will thus gain a knowledge of the one-sided and interested methods of the British public in their dealings with doctors, and he will be convinced, ere it is too late, that contract practice is a fraud and a robbery, and he will be content to do a smaller amount of work, earn as much money, and have more time to spend in the bosom of

his family, or in pursuing some intellectual pursuit or hobby. I hope I have not hurt anyone's feelings. Remember, I plead guilty myself to having been a sinner. I have been converted—some of you may have not. Let me urge you to ponder over what I have said, think out whether your contract practice is any good to you, and I have no doubt that when you have arrived at an opinion you will do, as I am doing, something to make the conversion of the whole profession to our views an accomplished fact.

In order to obtain some idea of the opinions of the members on the subject, I beg to move the following resolution:

That the present fees for contract practice are quite inadequate to the amount of work done, and that they ought to be raised or some other system of remuneration adopted.

[The motion was seconded by Dr. Latter, and carried unanimously.]

PRELIMINARY GENERAL EDUCATION OF MEDICAL STUDENTS.*

By W. GORDON, M.A., M.D.CANT.,
Physician, Devon and Exeter Hospital.

THE PRESENT STANDARD.

THE present standard of preliminary general education for medicine cannot be more correctly described than in the words of one well qualified to judge of it, who, speaking in the General Medical Council on December 4th, 1899, declared that it was "lamentably and disgracefully low."

Those who had the advantage of listening to the admirable address delivered to this Branch in June of last year² by the then Branch President, Mr. Karkeek, will remember the question and answer in which he summed up the situation: "Is the present standard of scholarship a sufficient indication of the candidate having received the education of a gentleman?" . . . "I am strongly of opinion that the question should be answered distinctly in the negative." The "six-penny doctor" and the candidate rejected even by a depleted public service for defective spelling have been already too long among us, and in view of the increasing responsibilities which increasing technical knowledge is imposing on the practitioner of medicine, it behoves us who understand the evils which flow from this educational anachronism to take such steps as shall initiate a reform.

The present condition of preliminary general education has been under the consideration of the General Medical Council for about three years. On December 27th, 1898, the Chairman of its Education Committee addressed a letter to various bodies and persons connected with general and medical education in the United Kingdom, and received forty-four replies from authorities of the greatest consequence—replies which must be regarded as eminently satisfactory.

Having stated that the Council "was desirous of raising considerably the standard of general education," the Chairman of the Committee put the three following questions:³

1. Is it practicable within the next few years to require that all intending students of medicine shall have passed an examination equivalent in character and standard to the Senior Local and Higher Grade Examinations?
2. If it is practicable, what is the earliest date at which the higher standard should be enforced?

3. What proportion of students would probably be precluded from entering upon a course of medical study (say, at the age of eighteen years) if the Junior Examinations at present recognised should (say, in 1905) cease to be accepted by the Council for the purpose of registration?

Unfortunately, in putting these questions, the fact was overlooked that there is no uniform standard of "senior" or "junior" examinations. "Senior Local and Higher Grade Examinations" vary very widely in "character and standard," and this oversight has resulted in misinterpretation of replies from different parts of the kingdom.

To properly appreciate the meaning of the answers from England, Scotland, and Ireland, those from each country must be considered separately, with a clear recollection of the

* Read at a meeting of the South-Western Branch of the British Medical Association.